

Mental Health Observation Form

Inmate Name Hampton Randall ID # 226220

Note: Time in 15 min. increments

Date/Time Initialed _____

Date	Time	Observer	Comments
6/16/04	8:25	A. Thomas RN	S - Quiet O - Placed in cell #7 on bunk in 5pt. restraints no circulation impairment noted. Cover & suicide blanket. A - A.M.S. P - Will continue q 15 mins checks. <i>A. Thomas</i>
6/16/04	1025	P. Penn RN	S - No statement O - Inmate accepted fluids & meal, toilet & placed back in restraints. Good circulation to extremities. No acute distress A - Quiet P - Obs. cont'd. In 5pt restraints
6/16/04	1230	P. Penn RN	S - No statement O - Quiet on bed. Restraints secure. No distress. A - Quiet P - Obs. cont'd.
6/16/04	1400	P. Penn RN	S - No statement O - Screaming out @ intervals. Restraints secure & good circulation to extremities. A - Altered mental status P - Obs. cont'd.
6/16/04	1600	H.R. Williams RN	S - In restraints present O - Breathing equal, regular A - Pressure points checked, detected no irregularities P - Monitor & regular time
6/16/04	1800	H.R. Williams RN	S - 15 minutes O - Pulling up to water A - Screaming at intervals P - 15 min evaluation

E - maintained
E - nothing still & only 1



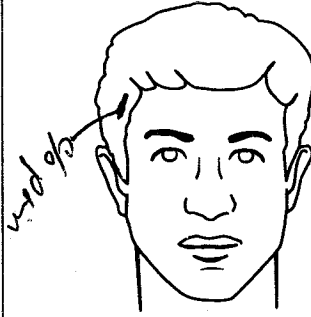
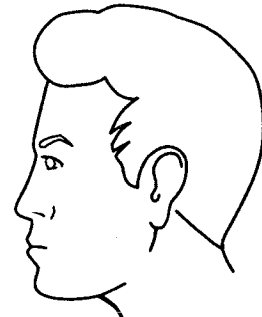
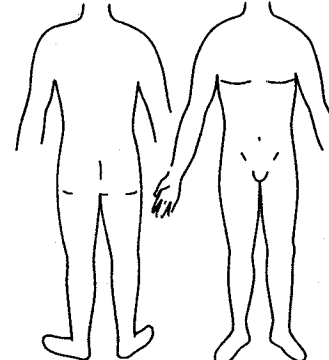
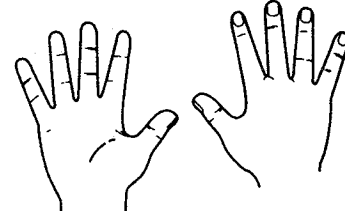
EMERGENCY

ADMISSION DATE 6 / 15 / 04		TIME 1000 AM	ORIGINATING FACILITY BCCF		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT	
ALLERGIES			CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP 99°		ORAL RECTAL	RESP 20	PULSE 68	B/P 112 / 68	RECHECK IF SYSTOLIC <100> 50
NATURE OF INJURY OR ILLNESS S-"I'm hearing voices!"			ABRASION /// CONTUSION # BURN xx xx FRACTURE Z Z LACERATION / SUTURES			
O-Inmate brought from seg per Doc officers. Handcuffs secure to wrists. Verbally responsive. Angry. Fussing et cursing. Food all over body. Officer stated "he drank some shampoo." Inmate concurred that he did drink the shampoo. Salivating & runny nose. No apparent bodily injuries noted.						
PHYSICAL EXAMINATION A- Altered Mental Status			ORDERS / MEDICATIONS / IV FLUIDS			
P-Place In Spt Restraints on Suicide Watch			DM Gordon 20mg stat SPTS restraints / suicide watch (Y) R Sanders / H. A. [unclear]			
Give Gordon 20mg IM stat w.o. Dr. Sanders / [unclear]			TIME BY			
DIAGNOSIS						
INSTRUCTIONS TO PATIENT						
DISCHARGE DATE 6 / 16 / 04		TIME 730 AM	RELEASE / TRANSFERRED TO		<input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>	
NURSE'S SIGNATURE [Signature]		DATE 6/16/04	PHYSICIAN'S SIGNATURE [Signature]		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
INMATE NAME (LAST, FIRST, MIDDLE) Hampton, Randall			CONSULTATION DOC# 226420 DOB 10/15/02 R/S B/m FAC 2.11.1			



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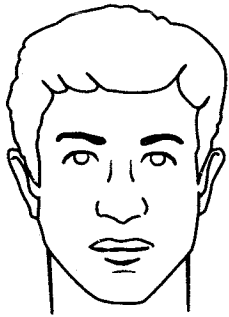
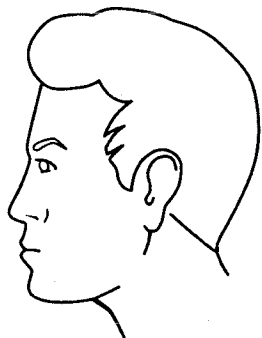
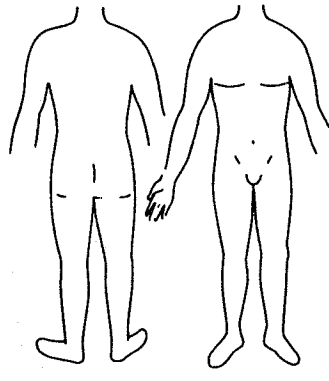

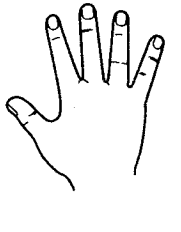
EMERGENCY

ADMISSION DATE 4/18/04		TIME 12:24 AM	ORIGINATING FACILITY <u>Bullock</u>		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT									
ALLERGIES NKA			CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA											
VITAL SIGNS: TEMP 98°		ORAL RECTAL	RESP. 20	PULSE 78	B/P 130/80	RECHECK IF SYSTOLIC 1 <100> 50								
NATURE OF INJURY OR ILLNESS S - "I just fell out"			ABRASION ///	CONTUSION #	BURN ^{xx} _{xx}	FRACTURE ^Z _Z	LACERATION / SUTURES							
			<div style="display: flex; justify-content: space-around;">   </div> <div style="display: flex; justify-content: space-around; margin-top: 20px;">   </div>											
PHYSICAL EXAMINATION O - Blk Male Ambulatory from yard - c/o falling and hitting @ side of head, no swelling present. No open area to head or face. No stiffness, c/o pain to @ side of head, pupils equal and reacting to light.			ORDERS / MEDICATIONS / IV FLUIDS P - Advil 800mg po x1 See MD in Am											
DIAGNOSIS C														
INSTRUCTIONS TO PATIENT See MD in Am														
DISCHARGE DATE 4/19/04		TIME 12:40 AM	RELEASE / TRANSFERRED TO <input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL									
NURSE'S SIGNATURE Martha Jackson		DATE	PHYSICIAN'S SIGNATURE [Signature]		CONSULTATION									
INMATE NAME (LAST, FIRST, MIDDLE) Hompton, Rondale			DOC# 226420	DOB 10-15-83	R/S B/m	FAC. Bullock								



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ADMISSION DATE 5/19/04		TIME AM PM	ORIGINATING FACILITY Bullard		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT	
ALLERGIES NKA			CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP 97.9		ORAL RECTAL	RESP 20	PULSE 104	B/P 122/80	RECHECK IF SYSTOLIC <100> 50
NATURE OF INJURY OR ILLNESS "I'm hot, I'm dehydrated."			ABRASION ///	CONTUSION #	BURN xx xx	FRACTURE Z Z
			LACERATION / SUTURES			
PHYSICAL EXAMINATION O - BNX escorted to HCU via wheelchair. A, OX3. Resp. reg + even. Skin WTD to touch. C/O being hot, and dehydrated. VS obtained WNL. Mucous membranes warm, moist. Skin turgor good. Capillary refill good. A - Alteration in comfort			  PROFILE RIGHT OR LEFT			
			   RIGHT OR LEFT			
			ORDERS / MEDICATIONS / IV FLUIDS P - Ipratropium given Seizure medication as ordered b. MD. Advised to force fluids & keep cool.			
			TIME BY			
DIAGNOSIS						
INSTRUCTIONS TO PATIENT RTN to HCU if medical tx is desired						
DISCHARGE DATE 5/19/04		TIME 715	RELEASE / TRANSFERRED TO Bullard		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE [Signature]		DATE 5/19/04	PHYSICIAN'S SIGNATURE [Signature]		DATE	
INMATE NAME (LAST, FIRST, MIDDLE) Hampton, Randall			DOC#		DOB	R/S
					FAC. Bullard	



EMERGENCY

ADMISSION DATE 4/7/04		TIME 1400 <small>AM PM</small>	ORIGINATING FACILITY BCC <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>		<input type="checkbox"/> SICK CALL <input checked="" type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT																													
ALLERGIES NKA			CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA																															
VITAL SIGNS: TEMP 98.0		ORAL RECTAL	RESP 16	PULSE 88	B/P 120/90 RECHECK IF SYSTOLIC / <small><100> 50</small>																													
NATURE OF INJURY OR ILLNESS S - Assisted to Infirmary, Ambulatory & unsteady gait. States he was walking along & his @ leg stopped working & he fell, hitting the @ side of his face on the concrete. O - @ Cheekbone slightly swollen. Pt. states he has seizures, Grand Mal. Ice pack placed on @ cheek bone. No tremors noted. P - Return to DOC. Return to see MD if pain work worsens.			ABRASION ///		CONTUSION #	BURN <small>xx</small> <small>xx</small>	FRACTURE <small>Z</small> <small>Z</small>	LACERATION / <small>SUTURES</small>																										
			<p style="text-align: right;">PROFILE RIGHT OR LEFT</p> <p style="text-align: right;">RIGHT OR LEFT</p>																															
PHYSICAL EXAMINATION A. Brown see above			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>ORDERS / MEDICATIONS / IV FLUIDS</th> <th>TIME</th> <th>BY</th> </tr> </thead> <tbody> <tr> <td>Acet 800mg po</td> <td>1415</td> <td>ABJ</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>					ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY	Acet 800mg po	1415	ABJ																					
ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY																																
Acet 800mg po	1415	ABJ																																
DIAGNOSIS																																		
INSTRUCTIONS TO PATIENT Keep ice pack to face as much as possible, Return to see MD if feeling worse																																		
DISCHARGE DATE 4/7/04		TIME 1425 <small>AM PM</small>	RELEASE TRANSFERRED TO DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL																													
NURSE'S SIGNATURE A. Brown R		DATE 4/7/04	PHYSICIAN'S SIGNATURE [Signature]		CONSULTATION																													
INMATE NAME (LAST, FIRST, MIDDLE) Hampton, Randell			DOC# 226420	DOB 10-15-83 <small>20 years old</small>	R/S B/m	FAC BCC																												



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ADMISSION DATE 4/9/04		TIME 135 AM <input checked="" type="checkbox"/> PM	ORIGINATING FACILITY Bullock		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OUTPATIENT	
ALLERGIES NKA			CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP 98.2		ORAL <input checked="" type="checkbox"/> RECTAL	RESP 20	PULSE 94	B/P 112/72	RECHECK IF SYSTOLIC <100 >50
NATURE OF INJURY OR ILLNESS S: Body chart Surgery			ABRASION /// CONTUSION # BURN xx xx FRACTURE Z Z LACERATION / SUTURES			
PHYSICAL EXAMINATION O: Exam to HCU. Alert et Oriented x3. Deep AD, even et unbound. Vital signs w/ X. Skin warm to touch. Multiple tattoos noted to all extremities. No injury observed to any extremities. ROM noted to all extremities & difficult. elms present earlier but refused body chart. Has no seizure activity/mot.			ORDERS / MEDICATIONS / IV FLUIDS TIME BY			
DIAGNOSIS O: Body chart						
INSTRUCTIONS TO PATIENT P: Released to WOC / COI James						
DISCHARGE DATE 4/9/04		TIME 135 AM <input checked="" type="checkbox"/> PM	RELEASE / TRANSFERRED TO		DOC <input checked="" type="checkbox"/> AMBULANCE <input type="checkbox"/> CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE Johnson		DATE 4/9/04	PHYSICIAN'S SIGNATURE [Signature]		DATE 4/12/04	
INMATE NAME (LAST, FIRST, MIDDLE) Hampton, Randall			DOC# 226420		DOB 10/15/83	R/S Plm
					FAC. Brilliant	

COPY

HEALTH CARE UNIT
PATIENT INFORMATION SLIP

Bullard

INSTITUTION

Hampton, Randall 226420 Bm
NAME NUMBER R/S

Lay-in for 3 days from 3-24-04 to

3-27-04 due to Cold.
(date) (date)

Instructions:

Lay in x 3 days
due to cold. 3-24-04
to 3-27-04.

Failure to follow the directions above may result in a disciplinary.

3/24/04
Date Issued

Dr. Siddig / 10/10/04
Signature



EMERGENCY

ADMISSION DATE 3/23/04		TIME 1530 AM PM	ORIGINATING FACILITY BCC		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT		
ALLERGIES NKA			CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA				
VITAL SIGNS: TEMP 98.7		ORAL RECTAL	RESP. 16	PULSE 80	B/P 140/90	RECHECK IF SYSTOLIC <100> 50	
NATURE OF INJURY OR ILLNESS S - My legs gave out & I was shaking all over O - No tremors noted. A - Alteration in comfort. Gait steady. P - Return to DOC. A. Groomer			ABRASION ///	CONTUSION #	BURN xx xx	FRACTURE Z Z	LACERATION / SUTURES
PHYSICAL EXAMINATION			ORDERS / MEDICATIONS / IV FLUIDS Regular Medications Given by K. Tay / or LPR				
			TIME 1345				
			BY				
DIAGNOSIS							
INSTRUCTIONS TO PATIENT Take medications as ordered.							
DISCHARGE DATE 3/23/04		TIME 1545 AM PM	RELEASE / TRANSFERRED TO <input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL		
NURSE'S SIGNATURE A. Groomer RN		DATE 3/23/04	PHYSICIAN'S SIGNATURE [Signature]		DATE		
INMATE NAME (LAST, FIRST, MIDDLE) HAMPTON, Randall			DOC#		DOB	R/S	
					FAC		



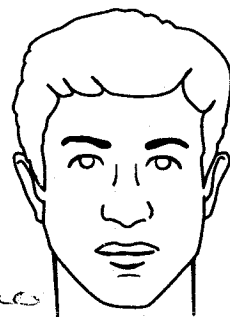
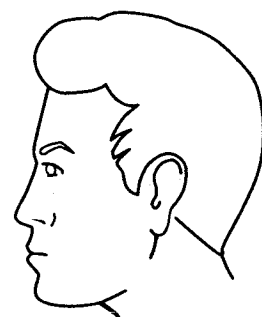
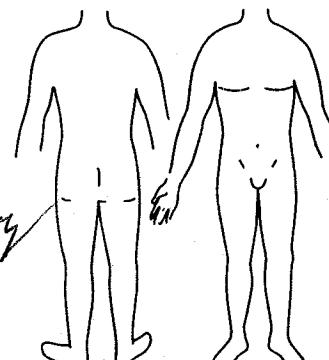
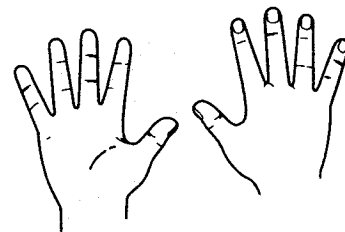
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ADMISSION DATE 3/24/04		TIME 0355 AM PM	ORIGINATING FACILITY <u>Bullock</u> <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT	
ALLERGIES NKA			CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP 97.2		ORAL RECTAL	RESP. 18	PULSE 80	B/P /	RECHECK IF SYSTOLIC / <100> 50
NATURE OF INJURY OR ILLNESS I woke up shaking my whole body & my head - Couldn't feel my body.			ABRASION /// CONTUSION # BURN ^{xx} / _{xx} FRACTURE ^Z / _Z LACERATION / SUTURES			
			<p>PROFILE RIGHT OR LEFT</p> <p>RIGHT OR LEFT</p>			
PHYSICAL EXAMINATION 0 Brought to HCU on stroke ATO x3 Resp. even, skin intact. Inhibitor No further activity noted. A stable P Placed in HCU for observation			ORDERS / MEDICATIONS / IV FLUIDS TIME BY			
0545 No further ? severe activity Anxious + ambulated back toward corridor Satisfying no c/o			(Empty table for orders)			
DIAGNOSIS						
INSTRUCTIONS TO PATIENT						
DISCHARGE DATE 3/24/04		TIME 1422 AM PM	RELEASE / TRANSFERRED TO <input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input checked="" type="checkbox"/> <u>Van</u>		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE V. Slater		DATE 3/24/04	PHYSICIAN'S SIGNATURE [Signature]		DATE	
INMATE NAME (LAST, FIRST, MIDDLE) Hampton, Randall			DOC# 226420	DOB BM	R/S BLC	FAC.



EMERGENCY

ADMISSION DATE 3/28/04		TIME 0330 <input checked="" type="radio"/> AM <input type="radio"/> PM	ORIGINATING FACILITY <u>BCCF</u> <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT	
ALLERGIES <u>NKA</u>			CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP <u>98.4</u>		ORAL RECTAL	RESP. <u>18</u>	PULSE <u>82</u>	B/P <u>130/80</u>	RECHECK IF SYSTOLIC <100>50 <u>1</u>
NATURE OF INJURY OR ILLNESS G- "I was shaking in my bed my legs got weak my head hurt, I feel funny like I am going to have a seizure", I need to use the bathroom." D- Brought to HCU on stretcher, skin w/ touch resp regular & case. alert & verbally responsive ambulatory bathroom & assistance A- alteration in comfort			ABRASION /// CONTUSION # BURN xx xx FRACTURE Z Z LACERATION / SUTURES			
			<div style="display: flex; justify-content: space-around;">   </div> <p style="text-align: right;">PROFILE RIGHT OR LEFT</p> <div style="display: flex; justify-content: space-around;">   </div> <p style="text-align: right;">RIGHT OR LEFT</p>			
PHYSICAL EXAMINATION P- Signed up to see MD on Monday			ORDERS / MEDICATIONS / IV FLUIDS			
			Routine meds given Phenobarbital 60mg po q Zergatalol 400mg po			
DIAGNOSIS						
INSTRUCTIONS TO PATIENT Return to HCU on Monday to see MD						
DISCHARGE DATE 3/28/04		TIME <input checked="" type="radio"/> AM <input type="radio"/> PM	RELEASE / TRANSFERRED TO <input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE <i>Debra Rogers</i>		DATE 3/28/04	PHYSICIAN'S SIGNATURE		DATE	
INMATE NAME (LAST, FIRST, MIDDLE) Hampton, Randal			DOC# 226420		DOB 10/15/83	R/S BM
					FAC. BCCF	



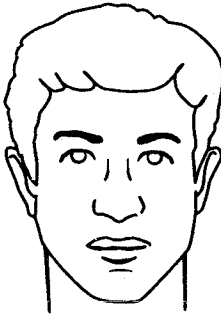
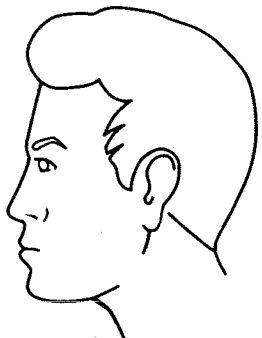
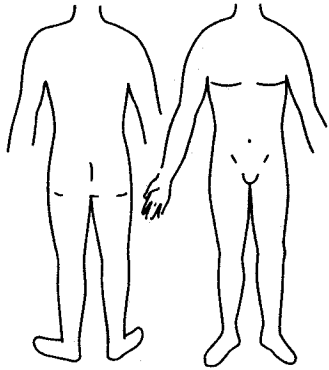
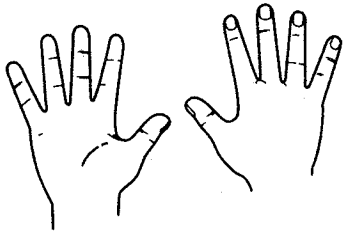
EMERGENCY

ADMISSION DATE 2/22/04	TIME 9:45 AM PM	ORIGINATING FACILITY Bullock <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>	<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT
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ALLERGIES NKA	CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA
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VITAL SIGNS: TEMP 98° ORAL RECTAL	RESP. 20	PULSE 78	B/P 110/80	RECHECK IF SYSTOLIC <100> 50
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NATURE OF INJURY OR ILLNESS S- My leg gone out	ABRASION <input type="checkbox"/>	CONTUSION #	BURN <input type="checkbox"/> <input type="checkbox"/>	FRACTURE <input type="checkbox"/> <input type="checkbox"/>	LACERATION / SUTURES
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PHYSICAL EXAMINATION O- Blk Male Ambulatory to Acc Alert & Oriented x3 resps Regular and even skin w/d to touch Able to stand 5 problems, no weakness noted to extremities at this time. Inmate in no acute distress P- Weakness to extremities				
	PROFILE RIGHT OR LEFT			
				
	RIGHT OR LEFT			

ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY
P- placed in Hcu on Medical Observation until Seen by MD		

DIAGNOSIS Weakness to extremities
INSTRUCTIONS TO PATIENT 0

DISCHARGE DATE 2/22/04	TIME 9:45 AM PM	RELEASE TRANSFERRED TO DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>	CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL
NURSE'S SIGNATURE Martha Jackson	DATE	PHYSICIAN'S SIGNATURE 3/1/04	DATE
INMATE NAME (LAST, FIRST, MIDDLE) Armstrong Ronda	DOC# 226426	DOB 10-15-83	R/S 6/m
			FAC. Bullock



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EMERGENCY

ADMISSION DATE 2/15/04		TIME 1645 <input checked="" type="radio"/> AM <input checked="" type="radio"/> PM	ORIGINATING FACILITY Bullard <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT										
ALLERGIES NKA			CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA												
VITAL SIGNS: TEMP 98.4 <input checked="" type="radio"/> ORAL <input type="radio"/> RECTAL		RESP. 18	PULSE 72	B/P 120/72	RECHECK IF SYSTOLIC <100> 50 /										
NATURE OF INJURY OR ILLNESS S- "My leg messing with me."			<table border="1"> <tr> <td>ABRASION ///</td> <td>CONTUSION #</td> <td>BURN <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></td> <td>FRACTURE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></td> <td>LACERATION / SUTURES</td> </tr> </table>				ABRASION ///	CONTUSION #	BURN <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	FRACTURE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	LACERATION / SUTURES				
ABRASION ///	CONTUSION #	BURN <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	FRACTURE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	LACERATION / SUTURES											
PHYSICAL EXAMINATION C - Bm escorted to HCW via stretcher occupied by CO1. S. Miles. A, B, C. Resp. neg. & exen. Skin wtd to touch. C/o leg weakness. (L) leg able to move with reflex. No swelling / dislocation noted. Inmate able to ambulate from HCW w/ no limitation.															
A - Alteration in comfort			<table border="1"> <tr> <td>ORDERS / MEDICATIONS / IV FLUIDS</td> <td>TIME</td> <td>BY</td> </tr> <tr> <td>P - Advil 800mg PO Now</td> <td></td> <td></td> </tr> <tr> <td>See MD in AM on 2-16-04</td> <td></td> <td></td> </tr> </table>				ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY	P - Advil 800mg PO Now			See MD in AM on 2-16-04		
ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY													
P - Advil 800mg PO Now															
See MD in AM on 2-16-04															
DIAGNOSIS															
INSTRUCTIONS TO PATIENT RTN to HCW if condition continues or worsens															
DISCHARGE DATE 2/15/04		TIME 1655 <input checked="" type="radio"/> AM <input checked="" type="radio"/> PM	RELEASE / TRANSFERRED TO <input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL										
NURSE'S SIGNATURE [Signature]		DATE 2/15/04	PHYSICIAN'S SIGNATURE [Signature]		CONSULTATION										
INMATE NAME (LAST, FIRST, MIDDLE) Hampton, Randall			DOC# 226420	DOB 10-15-83	R/S BMA	FAC. Bullard									

EMERGENCY

PHS-MD-70007

HEALTH CARE UNIT
PATIENT INFORMATION SLIP

Bullock

INSTITUTION

Hampton, Randall 226420 Bm
NAME NUMBER R/S

Lay-in for _____ days from _____ to _____

(date)

due to _____

(date)

No prolonged standing

> 10 mins x 6 months.

02/06/04 → 08/06/04

Instructions:

Failure to follow the directions above may result in a disciplinary.

2/6/04

Date Issued

Dr. Sidney H. Mettler, MD

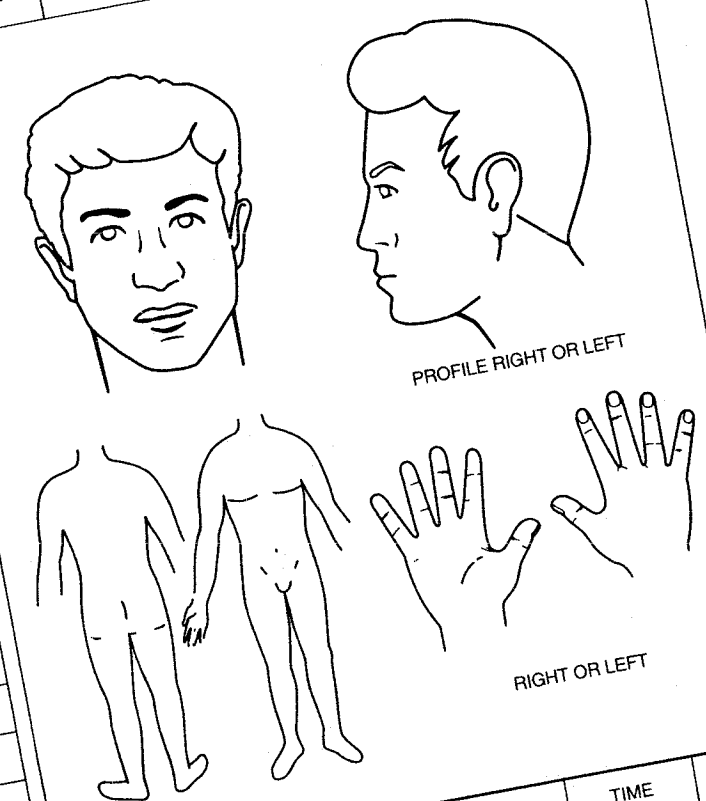
Signature

EMERGENCY

ISON
ALTH
RVICES
REPORTED

MISSION DATE 02/11/04 TIME 17:17 AM PM
ORIGINATING FACILITY BCCF
☐ SIR ☐ PDL ☐ ESCAPEE ☐
CONDITION ON ADMISSION GOOD ☐ FAIR ☐ POOR ☐ SHOCK ☐ HEMORRHAGE ☐ COMA
PULSE 78 B/P 106/57 RECHECK IF SYSTOLIC <100>50
ALLERGIES NKDA ORAL RECTAL RESP. 20 ABRASION ☐ CONTUSION ☐ BURN ☐ FRACTURE ☐ LACERATION / SUTURES
VITAL SIGNS: TEMP 98.6

NATURE OF INJURY OR ILLNESS
S "I got to laughing while I was eating chicken and the next thing I knew I was throwing up."
O. Tatum brought to the infirmary on a stretcher because the Officer said he had a seizure. Brought by Officer Parham & Tatum



PHYSICAL EXAMINATION
A - Alteration in physical comfort
P - Will evaluate and give routine medicine, place Medical Unit 2 hour observation. Tatum refused to be placed on 2 hours observation. Signed a release of responsibility

ORDERS / MEDICATIONS / IV FLUIDS	TIME

DIAGNOSIS
INSTRUCTIONS TO PATIENT you have to sign the Release of Responsibility
RELEASE / TRANSFERRED TO DOC ☒ AMBULANCE ☐
DATE 2/11/04 TIME 5:36 AM PM
PHYSICIAN'S SIGNATURE [Signature] DATE 2/11/04
DISCHARGE DATE 2/11/04 TIME 5:36 AM PM
IRSE'S SIGNATURE [Signature] DATE 2/11/04
TE NAME (LAST, FIRST, MIDDLE) Winton, Randall
CONDITION ON DISCHARGE ☒ SATISFACTORY ☐ FAIR ☐ POOR ☐ CRIT
CONSULTATION
DOC# 226430 DOB 10/15/83 R/S B/M



RELEASE OF RESPONSIBILITY

Inmate's Name: Hampton, Randall

Date of Birth: _____ Social Security No.: _____

Date: 2-1-04 Time: 1730 A.M.
P.M. ☒

This is to certify that I, Randall Hampton, currently in
(Print Inmate's Name)

custody at the Bullock County Corr. Facility, am refusing to
(Print Facility's Name)

accept the following treatment/recommendations: Placement in medical unit
(Specify in Detail)
for medical observation.

I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which, may result from this action/refusal and I personally assume all responsibility for my welfare.

Randall Hampton (Signature of Inmate)**
[Signature] (Signature of Medical Person)
[Signature] (Witness)
Ernestine Tyson LPN (Witness)

**A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.

BCCF

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: *Randall Hampton*AIS NO: *D/226420*CELL: *#5*

VIOLATION

OR REASON: *Medical Observation*

ADMITTANCE

AUTHORIZED BY: *Dr. Siddiq*

DATE & TIME

RECEIVED: *12/20/03 9:10 PM*

DATE & TIME

RELEASED:

PERTINENT

INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
<i>12-21-03</i>	MORN	<i>M</i>			<i>N</i>	<i>N</i>	<i>Richardson</i>	<i>N</i>	<i>none</i>	<i>T. Hurt cd</i>
	DAY	<i>N</i>			<i>N</i>	<i>N</i>	<i>Smith</i>	<i>N</i>	<i>none</i>	<i>R. Mason</i>
	EVE	<i>X</i>			<i>N</i>	<i>N</i>				
	MORN									
	DAY									
	EVE									
	MORN									
	DAY									
	EVE									
	MORN									
	DAY									
	EVE									
	MORN									
	DAY									
	EVE									
<i>12/20</i>	MORN									
	DAY									
	EVE						<i>Gina</i>	<i>N</i>		<i>R. Mason</i>
	MORN									
	DAY									
	EVE									
<i>12/21/03</i>	MORN									
	DAY									
	EVE			<i>Y</i>		<i>N</i>	<i>Richardson</i>	<i>N</i>	<i>read Meal/Meds</i>	<i>R. Mason</i>

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. *Use reverse side for additional comments and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.

EMERGENCY

ADMISSION DATE <u>12/20/03 1000</u>	TIME <u>AM</u> <u>PM</u>	ORIGINATING FACILITY <u>Bu Heck</u> <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>	<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OUTPATIENT	
ALLERGIES <u>NKA</u>		CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA		
VITAL SIGNS: TEMP <u>104°</u> ORAL <u>99</u> RECTAL		RESP <u>18</u>	PULSE <u>116</u>	B/P <u>71/41</u> RECHECK IF SYSTOLIC <u>1</u> <100> 50
NATURE OF INJURY OR ILLNESS <u>S. T feel real sick please give me the shot I refused please help me</u>		ABRASION /// CONTUSION # BURN xx xx FRACTURE Z Z LACERATION / SUTURES 		
PHYSICAL EXAMINATION <u>O - Black male brought to the infirmary per wheel chair. Alert and verbal temp 104°, 18, 116, 71/40 skin warm and moist to touch. Breathing with ease O2 sat 99, lungs clear, no nasal discharge, watery eyes, no cough noted.</u> <u>A - URTI via MD</u> <u>P - Dr Siddiq notified of inmates condition, with orders</u>		ORDERS / MEDICATIONS / IV FLUIDS <u>① D5 1/2 NS IV @ 150cc/hr</u> <u>② Ancef 1gm IV 8 hrs x 5 days</u> <u>③ Amoxil 500mg PO BID x 10 days</u> <u>④ Advil 800mg PO BID x 7 days</u>		
DIAGNOSIS				
INSTRUCTIONS TO PATIENT				
DISCHARGE DATE <u>1/1/04</u>	TIME <u>AM</u> <u>PM</u>	RELEASE / TRANSFERRED TO <u>DOC</u> <input checked="" type="checkbox"/> AMBULANCE <input type="checkbox"/>	CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE <u>[Signature]</u>	DATE <u>12/20/03</u>	PHYSICIAN'S SIGNATURE <u>[Signature]</u>	DATE <u>12/29/03</u>	CONSULTATION
INMATE NAME (LAST, FIRST, MIDDLE) <u>Hampton Randall</u>		DOC# <u>226420</u>	DOB <u>101583</u>	R/S <u>B/m</u> FAC. <u>BUCK</u>



PHYSICIANS' ORDERS

NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Last Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Fourth Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Third Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Second Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: <i>Hampton, Randall</i>	DIAGNOSIS ① IV Bag D5½ NS @ 150cc/hr ② Ancef 1 GM IV q 8 hrs x 5 days ③ Amoxil 500mg PO TID x 70 days Advil 800mg PO TID x 7 days
D.O.B. <i>10/15/83</i>	
ALLERGIES: <i>N/A</i>	
Use First Date <i>12/20/03</i>	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED <i>V.O. Dr. Siddig/KT</i>

MEDICAL RECORDS COPY

[illegible]



INFIRMARY NURSING PROGRESS NOTES

Date/Time	
12/20/03 1000	<p>S- I feel real sick, please give me the shot I refused. Please help me</p> <p>O- Black male brought to the infirmary per wheel chair. Alert and verbal temp 104°, 18, 116, 71/10 skin warm and moist to touch Breathing with ease O₂ sat 99 lungs clear, & nasal discharge noted at this time, watering eyes & cough noted.</p> <p>A- URI</p> <p>P- Dr Siddig notified of Inmates condition with orders ① D5 1/2 NS IV @ 150cc/hr ② Diced 1gm TK 8° hr x 5 days ③ Amoxil 500mg POTID x 10 day ④ Advil 800mg POTID x 7 day. IV started in (L) arm with a 20ga lin Insite Autoguard D5 1/2 NS infusing at 150cc/hr & signs of induration, Amoxil 500mg given and Advil 800mg given</p>
12/21/03 2400	<p>S- None</p> <p>O- Resting quietly (eyes resp ease) Fluids drinking difficult</p> <p>A- URI</p> <p>P- Continue to observe for respiratory difficulties</p> <p style="text-align: right;">C Windsor</p>

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
Hampton Randal	226428	10/15/83	B/M	BCCF



PRISON
HEALTH
SERVICES
INCORPORATED

INFIRMARY NURSING PROGRESS NOTES

Date/Time	
12/21/23	S - None
1000	O - Inmate resting in bed & eyes closed. Resp c ease. Skin warm & dry to touch & intact. No distress noted. Oral med given as ordered. A - Stable P - will continue to monitor <i>K Smith</i>
1200	S - I'm alright O - Inmate ambulating around in cell. Resp reg & ease. Skin warm & dry. VS within normal range BP 136/72, T 98.4, R 18, P 76. Inmate voiced no complaints @ this time. A - Stable P - will continue to monitor & record findings
1400	S - None O - Inmate in bed & eyes open. Resp reg & ease. No distress noted @ this time. A - Stable P - will continue to monitor <i>K Smith</i>
1600	S - None O - Inmate quiet. Resp. reg & even. Skin W+D to touch. No acute distress noted. A - Stable P - Cont. to monitor. <i>Stigler, LA</i>

INMATE NAME (LAST, FIRST, MIDDLE)

Hampton, Randall

DOC#

32642P

DOB

R/S

BM

FAC

PCCF



PRISON
HEALTH
SERVICES
INCORPORATED

DAILY PATIENT ASSESSMENT SHEET

Date

12-21-03

		11-7		7-3		3-11				11-7		7-3		3-11	
Time		1030	0400					Time		0030	0400				
Assessed by (initials):		B	B					Assessed by (initials):		B	B				
RESPIRATORY	Quality							TUBES AND DRAINAGE							
	Normal	✓	✓												
	Shallow														
	Deep														
	Labored														
	Rate - WNL	✓	✓												
	Slow														
	Rapid														
	Sounds - Clear	✓	✓												
	Abnormal														
	Cough - Productive														
	Non-Productive														
	Humidified O2 Therapy														
	L/Minute														
	Incentive Spirometer														
Suctioning-Oral/NI/Trach															
ABDOMEN	Abdomen soft & nondistended							WOUNDS/ULCERS/DRESSINGS							
	Abnormal														
	Bowel sounds - Active														
	Abnormal														
	Pain-Tenderness														
PULSE/RATE	Regular	✓	✓					TREATMENTS							
	Irregular														
	Strong	✓	✓												
	Weak														
	Apical														
	Radial	✓	✓												
REFERRALS	Patient Teaching							I.V. THERAPY							
NURSE'S SIGNATURE:	RN 11-7						LPN 11-7	V. Slater					11-7		
	7-3						7-3						7-3		
	3-11						3-11						3-11		



PRISON
HEALTH
SERVICES
INCORPORATED

PRISON HEALTH SERVICES, INC.

24-HOUR INTAKE AND OUTPUT RECORD

Styrofoam cup	200cc	Soup - Vegetable/Noodle	120cc	Jello 1/2 cup	120cc
Coffee cup	200cc	Cream	170cc	Juice in Glass	120cc
Iced Tea Glasses	240cc	Small Plastic Milk Cup	100cc	Popsicle	60cc
Cup of Crushed Ice	120cc	Ice Cream/Sherbet 1/2 cup	40cc		

Check prepackaged containers of milk, juice and pop for amount. Pudding, custards and hot cereals are not counted as liquids.

	FLUID INTAKE					FLUID OUTPUT							
	ORAL	TUBE FEEDING	IV'S			TRANS- FUSION	IRRI- GATION	URINE	LIQUID BM	EMESIS	GASTRIC	DRAINAGE	BLOOD LOSS
2200-2300													
2300-2400													
2400-0100													
0100-0200													
0200-0300													
0300-0400													
0400-0500													
0500-0600													
Total			PR IVPB	PROG INTR	HEP								
0600-0700													
0700-0800													
0800-0900													
0900-1000													
1000-1100													
1100-1200													
1200-1300													
1300-1400													
Total			PR IVPB	PROG INTR	HEP								
1400-1500													
1500-1600													
1600-1700													
1700-1800													
1800-1900													
1900-2000													
2000-2100													
2100-2200													
Total			PR IVPB	PROG INTR	HEP								
24 Hour Total			PR IVPB	PROG INTR	HEP								

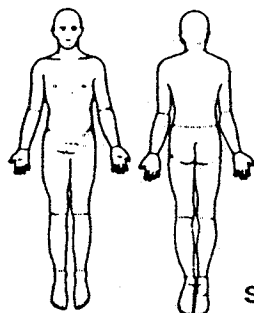
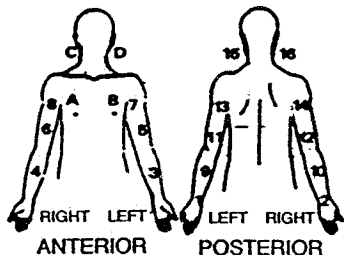
INMATE NAME (LAST, FIRST, MIDDLE) <i>Hampton Randall</i>	DOC# <i>226420</i>	DOB <i>10/1/83</i>	R/S <i>BH</i>	FAC <i>BCCF</i>
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KEY/DIRECTIONS:

- PHYSICAL ASSESSMENT:**

[illegible]

SIGNATURES/TITLES:



PATIENT CARE NOTES

[illegible]



DAILY PATIENT ASSESSMENT SHEET

Date

12-03
Started 10:00

11-7

7-3

3-11

11-7

7-3

3-11

Time

Assessed by (initials):

Time

Assessed by (initials):

RESPIRATORY

Quality

Normal

Shallow

Deep

Labored

Rate - WNL

Slow

Rapid

Sounds - Clear

Abnormal

Cough - Productive

Non-Productive

Humidified O2 Therapy

L/Minute

Incentive Spirometer

Suctioning-Oral/NI/Trach

TUBES AND DRAINAGE

Wound healing & inflammation

WOUNDS/ULCERS/DRESSINGS

Dressing Dry & Intact

Dressing Changed

Size

Type

Location

TREATMENTS

I.V. THERAPY

Bottle #/Rate

D5 1/2 NS

Site and Rate checked
every two hours

ABDOMEN

Abdomen soft & nondistended

Abnormal

Bowel sounds - Active

Abnormal

Pain-Tenderness

PULSE/RATE

Regular

Irregular

Strong

Weak

Apical

Radial

REFERRALS

Patient Teaching

NURSE'S
SIGNATURE:

RN 11-7

7-3

3-11

LPN 11-7

7-3

3-11

11-7

7-3

3-11



PRISON HEALTH SERVICES, INC.

24-HOUR INTAKE AND OUTPUT RECORD

Start - 20.03
1000 pm

Styrofoam cup	200cc	Soup - Vegetable/Noodle	120cc	Jello 1/2 cup	120cc
Coffee cup	200cc	Cream	170cc	Juice in Glass	120cc
Iced Tea Glasses	240cc	Small Plastic Milk Cup	100cc	Popsicle	60cc
Cup of Crushed Ice	120cc	Ice Cream/Sherbet 1/2 cup	40cc		

Check prepackaged containers of milk, juice and pop for amount. Pudding, custards and hot cereals are not counted as liquids.

	FLUID INTAKE					FLUID OUTPUT					
	ORAL	TUBE FEEDING	IV'S	TRANS-FUSION	IRRI-GATION	URINE	LIQUID BM	EMESIS	GASTRIC	DRAINAGE	BLOOD LOSS
2200-2300			DS 1/2 n S								
2300-2400											
2400-0100											
0100-0200											
0200-0300											
0300-0400											
0400-0500											
0500-0600											
Total			PR IVPB PROG INTR HEP								
0600-0700											
0700-0800											
0800-0900											
0900-1000											
1000-1100											
1100-1200											
1200-1300											
1300-1400											
Total			PR IVPB PROG INTR HEP								
1400-1500											
1500-1600											
1600-1700											
1700-1800											
1800-1900											
1900-2000	400		150			0					
2000-2100			150			0					
2100-2200			150			0					
Total	400		PR IVPB PROG INTR HEP			0					
24 Hour Total	400		PR IVPB PROG INTR HEP			0					

INMATE NAME (LAST, FIRST, MIDDLE)

Hampson Randall

DOC#

226420

DOB

10-15-83

R/S

B/m

FAC.

BLCK

Patient Name: Hampton, Ronda
Date of Birth: 10-15-83

[illegible][illegible][illegible]



RELEASE OF RESPONSIBILITY

Inmate's Name: Randell Hampton

Date of Birth: 10-15-83 Social Security No.: Doc # 226420

Date: 12-15-03 Time: 4:06 AM
P.M.

This is to certify that I, Randell Hampton, currently in
(Print Inmate's Name)

custody at the Bullock County Corrections, am refusing to
(Print Facility's Name)

accept the following treatment/recommendations: ① Ancef 1gm IM stat dose ② Amoxi 500mg po tid x 10 days ③ Advil 800mg Tid x 10 days PO. ④ AS 1/2 NS ad 150cc/hr via IV, ⑤ Place in indurmer
(Specify in Detail)

I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which, may result from this action/refusal and I personally assume all responsibility for my welfare.

Randell Hampton
(Signature of Inmate)**

[Signature]
(Signature of Medical Person)

(Witness)

(Witness)

**A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.

INTERDISCIPLINARY PROGRESS NOTES

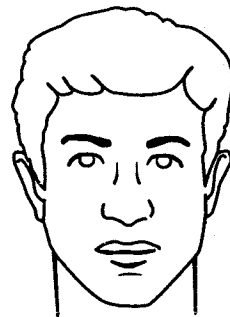
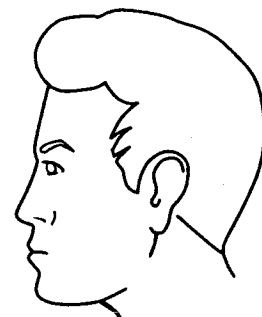
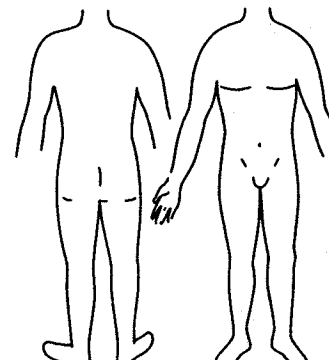
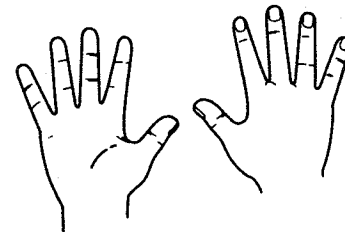
DATE	TIME	NOTES	SIGNATURE
11/10/03	S 1145	Seen in safe cell. No particular C/O. He agrees to try going to seg, though he's somewhat worried that officers there might harm him. He contracts for safety. No specific threats or plans to harm self. O. Calm. Converses readily. No problem behaviors reported over weekend A. Crisis resolving. P. Try → seg, where we'll monitor him Meds prn	
12/13/03	4:13pm	The Inmate came to the Infirmary C/O feeling very sick, stated that his head felt like it was going to burst and that he was hot. Stated "I been feeling sick for about three days now." I felt dizzy and mouth dry. Upon taking Inmate's temp T 103.3 Inform MS Gima of Inmate temp and she been the medical nurse called DR Suddig for further TX. — Eusebio GYSON/ML	Ken

Patient's Name, (Last, First, Middle)	AMS#	Age	R/S	Facility
Hampton, R	226410			BCCF



PRISON
HEALTH
SERVICES
INCORPORATED

EMERGENCY

ADMISSION DATE 11/23/03 3:15 PM		TIME AM PM		ORIGINATING FACILITY <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OUTPATIENT	
ALLERGIES NKA				CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP 98.2		ORAL RECTAL		RESP. 18		PULSE 84 B/P 100/82	
NATURE OF INJURY OR ILLNESS S- I started to shake real bad. I could not control my body. I thought I was having a seizure but it was not. I just started to shake so I asked god to help me and pray and it stop. O- Black male carried to the infirmary non alert and verbal. After five minutes				RECHECK IF SYSTOLIC <100> 50			
PHYSICAL EXAMINATION Inmate became alert and verbal able to make needs known. Voiced complaints of pain or discomfort at this time. V/S all within normal range. skin w/d to touch. No discoloration noted. A- Stable, Alert, Mental Status P- Release to POC advised to return to infirmary if condition worsened. Refer to Mental Health				ABRASION ///		CONTUSION #	
				BURN xx xx		FRACTURE Z Z	
				LACERATION / SUTURES			
  PROFILE RIGHT OR LEFT   RIGHT OR LEFT							
ORDERS / MEDICATIONS / IV FLUIDS				TIME		BY	
DIAGNOSIS							
INSTRUCTIONS TO PATIENT							
DISCHARGE DATE 11/23/03 3:38 PM		TIME AM PM		RELEASE / TRANSFERRED TO <input type="checkbox"/> POC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE [Signature]		DATE 11/23/03		PHYSICIAN'S SIGNATURE [Signature]		DATE 11/24/03	
				CONSULTATION			
INMATE NAME (LAST, FIRST, MIDDLE) Hamilton Randall				DOC# 22642010-1583		DOB B/m BCCF	